

Year **Registration**

Before School Care/After School Care – Program

The following details are for our accounts and for Child Care Benefit recording purposes.

1 Please complete the following details about your child/ren who will attend the Program.

Child's Given name / Family name	Male/ Female	Date of birth	Class	Child's Centrelink CRN (required for CCB records)
_____	_____	____/____/____	_____	____ - ____
_____	_____	____/____/____	_____	____ - ____
_____	_____	____/____/____	_____	____ - ____
_____	_____	____/____/____	_____	____ - ____

2 Payment of account

Who will pay the accounts for your child/ren attending the Program?

If there is a shared arrangement please complete this form for the days this person will be responsible for.

Mother Father Guardian 1 Guardian 2

Other Please give details _____

3 Please tick days your child/ren will be attending

Child's Given name	Before School Care					After School Care					Casual care in school year
	Mon	Tue	Wed	Thurs	Fri	Mon	Tue	Wed	Thurs	Fri	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 Parent/Guardian details

Parent/Guardian 1

Mother Father Guardian

Parent/Guardian 2

Mother Father Guardian

Family name _____

Given name(s) _____

Residential address _____

Date of birth _____/_____/_____

Centrelink's Customer Reference Number _____ - _____

Home _____

Mobile _____

Work _____

Email _____ @ _____

Home _____

Mobile _____

Work _____

Email _____ @ _____

5 Emergency contact (used if unable to contact the parents/guardians)

Family name _____ Home _____
Given name(s) _____ Mobile _____
Work _____

6 Other people authorised to collect the child/ren

I hereby authorise the release of my child/ren _____
into the care of the following people (once proof of identity has been provided).

	Other authorised person 1	Other authorised person 2
Family name	_____	_____
Given name(s)	_____	_____
Relationship to child/ren	_____	_____
Residential address	_____	_____
	_____	_____
Contact details	Home _____	Home _____
	Mobile _____	Mobile _____
	Work _____	Work _____

If there are more people you give authorisation to collect your child/ren, please attach a separate sheet with details.

7 Language spoken at home _____

8 Custodial arrangements

Please list any special custodial arrangements.

Please supply a copy of any current court order. No natural parent can be refused the right to collect a child, unless a copy of a court order has been sighted and held at the centre.

_____ Order sighted by
Co-ordinator _____

9 Medical information

Family doctor's name and centre _____

Phone _____ Suburb _____

Family dentist name _____

Phone _____ Suburb _____

Medicare number (optional) _____

Ambulance scheme membership number (optional) _____

10 Immunisation

Is/are your child/ren's immunisation up to date (e.g. 5 year old immunisation booster)?

No Yes

11 Are any of your child/ren attending this Program requiring special dietary or other special needs or consideration?

i.e. allergies, general health, special needs (e.g. toileting, fine/gross motor skill development, disability), dietary requirements, cultural/religious considerations

No Please go to **13**

Yes Please go to **12**

12 Please give details of the allergies and/or special needs for each child

Child's **name** _____

Allergies _____

Special needs _____

Child's **name** _____

Allergies _____

Special needs _____

Child's **name** _____

Allergies _____

Special needs _____

Child's **name** _____

Allergies _____

Special needs _____

13 To help us know more about your children, please tell us what they are interested in.

Child's **name** _____ Interests _____

Child's **name** _____ Interests _____

Child's **name** _____ Interests _____

Child's **name** _____ Interests _____

14 Accident and illness

The Program regrets it is unable to care for sick child/ren or child/ren with contagious illnesses. Medicine or tablets will only be administered to child/ren by Program staff under written authorisation.

In the event of any accident or illness, I/we authorise the obtaining of, on our behalf, such medical or hospital treatment as our child/ren may require, and agree to meet any expenses attached thereto. In the case of an emergency I/we agree for our child to be transported by private vehicle/ambulance. I/We agree to pay expenses incurred or medical treatment and transport.

Signature of Parent/Guardian (1) _____ Date ____ / ____ / ____

Signature of Parent/Guardian (2) _____ Date ____ / ____ / ____

15 Program activities

I am/We are willing for my/our child/ren to participate in all activities offered in the Program. I/We agree it is my/our responsibility to familiarise myself with the Program and to advise the Program in writing if I/we do not wish my/our child/ren to participate in a particular activity.

Permission (please indicate, by circling, whether you give or do not give permission for the following activities)

- We:
- give/do not give permission for our child/ren to be photographed for the purposes of publicity and/or promotions for the Program (this may include being put on the internet).
 - give/do not give permission for our child/ren to receive individual observation by students on accredited training programs in the Program.
 - give/do not give permission for our child/ren to be in the presence of volunteers or visitors, with the Program's appropriate supervision.

Signature of
Parent/Guardian (1) _____ Date ____ / ____ / ____

Signature of
Parent/Guardian (2) _____ Date ____ / ____ / ____

16 Registration agreement

Throughout the year the Program may be required to complete surveys for Government use. The Program may require further information from you to complete these surveys or require you to complete surveys for the purposes of quality assurance or other government initiatives.

Bills will be issued at the start of each term. Payment can be made in full at the start of each term, or paid each fortnight. Fortnightly bills will be issued before payment is due. If the fortnightly payment is not made, a reminder bill will be issued for that fortnight and a fee will be charged. If you have difficulty in paying your bill, please discuss with the administrator or the director.

I/We have read the information leaflet on the Telopea Park School P&C Before and After School Program and I/we agree to its provisions and will abide by the Programs policies and guidelines.

I/We agree to comply with all Government requirements in relation to the Program and its services.

I/We understand that we may be charged an admin fee if our bill is not paid on time where other arrangements have not been made.

Signature of
Parent/Guardian (1) _____ Date ____ / ____ / ____

Signature of
Parent/Guardian (2) _____ Date ____ / ____ / ____

17 Contact by email agreement

If you would like us to send you information by email, please tick the boxes, and the email address you would like us to use.

I/We would like to be advised of the Telopea Park School P&C After School Care Sub-Committee meetings, date and time, by email.

The Sub-Committee is made up from parents of the children attending the Program (or the school) and they support the Before & After School Care Program in the decision making and running of the Program. This committee currently meets formally 4 times a year. All parents/guardians are welcome to attend.

I/We would like to receive any ASP Newsletters or Program information by email
Information is also provided on the P&C website, include: the extra curricular activities (available to view 2 weeks prior to the end of the previous term), ASP Newsletters, policy and guidelines document and other information.

Email address to use: _____